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				Application Number		
				Filing Date		April 20, 2004
				First Named Inventor		Akira Hagiwara
				Group Art Unit		
				Examiner Name		
Sheet	1	of	1	Attorney Docket Number	16CT03017	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	U.S. Patent Document		Name of Patentee or Applicant Of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
		Number	Kind Code ² (if known)		
AA		6,445,764	B2	Gohno et al.	Sep. 3, 2002
AB		6,061,421		Hagiwara	May 9, 2000
AC		5,970,112		Hsieh	Oct. 19, 1999
AD		5,812,628		Hsieh	Sep. 22, 1998
AE		5,727,041		Hsieh	Mar. 10, 1998
AF					
AG					
AH					
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FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Office ³	Number ⁴	Kind Code ⁵ (if known)	
	FA	Japan	2001-161678	GE Medical Systems Global Technology Co. LLC	06-19-2001
	FB				

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the items (book, magazine, journal, serial, symposium, catalog, etc.), data, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²

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